

Promotional items

Solicitation # SCC060018

Certificate of InsuranceSupplier Name: Sutter's Mill Specialties, Inc.

Prior to commencing services under this contract, the contractor must furnish the state certification from insurer(s) for coverages in the minimum amounts as stated below. The coverages shall be maintained in full force and effect during the term of this contract and shall not serve to limit any liabilities or any other contractor obligations.

Name and Address of Insurance Agency	Company Letter	Companies Affording Coverage
St. Paul Travelers One Tower Square Hartford, CT 06183	A	
	B	
	C	
	D	
Name and Address of Insured		
Sutter's Mill Specialties, Inc. 2249 W. Fairmont Dr. #2 Tempe, AZ 85282		

LIMITS OF LIABILITY MINIMUM - EACH OCCURANCE		COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	DATE POLICY EXPIRES
Bodily Injury	1,000,000		Comprehensive General Liability Form	I6805354HA	79TC705 8/23/06
--Per Person	1,000,000		Premises Operation		
Each Occurance	1,000,000		Contractual		
Property Damage	800,000		Independant Contractors		
--OR--			Products /Completed Operations Hazard		
Bodily Injury			Personal Injury		
--AND--			Broad Form Property Damage		
Property Damage			Explosion &Collapse (if applicable)		
Combined			Underground Hazard (if applicable)		
Same as Above			Comprehensive Auto Liability Including Non-Owner (if applicable)		
Necessary if underlying is not above minimum			Umbrella Liability		
Statutory Limits			Workmen's Compensation and Employer's Liability	SAME	AS ABOVE
			Other		

State of Arizona and the Department named above are added as additional insureds as required by statute, contract, purchase order, or otherwise requested. It is agreed that any insurance available to the named insured shall be primary of other sources that may be available.

Broker/Agent
Name and Address of Certificate Holder

Bernard Dietrich & Assoc.
3300 N. Central Ave #2220
Phoenix, AZ 85012

It is further agreed that no policy shall expire, be canceled or materially changed to affect the coverage available to the state without thirty (30) days written notice to the State. This Certificate is not valid unless countersigned by an authorized representative of the insurance company.

Date Issued: _____

Authorized Representative